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CONFIRMATION NO. 5009

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/791,980	<b>FILING OR 371(c) DATE</b> 03/03/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> PHRM0019-101 (00014REGUS.)
<b>APPLICANTS</b> Timothy Wood, Nacka, SWEDEN; Jonas Ekblom, Uppsala, SWEDEN; Erik Holmgren, Lidingo, SWEDEN; Mats Kihlen, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/862,631 05/22/2001 PAT 6,734,005 which claims benefit of 60/206,119 05/22/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 23913				
<b>TITLE</b> A MATRIX METALLOPROTEINASE POLYPEPTIDE				
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	